

State of South Carolina



Office of the State Auditor

1401 MAIN STREET, SUITE 1200
COLUMBIA, S.C. 29201

RICHARD H. GILBERT, JR., CPA
DEPUTY STATE AUDITOR

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August 29, 2007

Mr. John Barber, Executive Vice President and CFO
White Oak Management, Inc.
Post Office Box 3347
Spartanburg, South Carolina 29304-3347

Re: AC# 3-WOE-J3 – White Oak Estates

Dear Mr. Barber:

The accompanying report has been prepared by our office based on your Medicaid Financial and Statistical Report submitted to the Department of Health and Human Services for the cost report period October 1, 2002 through September 30, 2003. That report was used to set the rate covering the contract period beginning October 1, 2004.

We are recommending that the Department of Health and Human Services certify an accounts receivable to recover amounts due as a result of the rate change shown on Exhibit A. You will be notified of repayment terms by that Agency.

If you take exception to this report in any manner, you have the right to appeal in accordance with the Code of Laws of South Carolina, 1976, as amended, Title 44, and Department of Health and Human Services Regulation R.126-150, and you must respond in writing within thirty (30) calendar days of the date of this letter. This written response must address the specific items in the report being appealed, and must be directed to the Appeals and Hearings, Department of Health and Human Services, Post Office Box 8206, Columbia, South Carolina 29202-8206. Any correspondence should include the control number appearing on Exhibit A of this report.

Yours very truly,



Richard H. Gilbert, Jr., CPA
Deputy State Auditor

RHGjr/sag

cc: Ms. Brenda L. Hyleman
Mr. Jeff Saxon
Ms. Kathleen C. Snider

**WHITE OAK ESTATES
SPARTANBURG, SOUTH CAROLINA**

**CONTRACT PERIOD
BEGINNING OCTOBER 1, 2004
AC# 3-WOE-J3**

**AGREED-UPON PROCEDURES REPORT
ON CONTRACT
FOR
PURCHASE OF NURSING CARE SERVICES
WITH
STATE OF SOUTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES**

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INDEPENDENT ACCOUNTANT'S REPORT ON APPLYING AGREED-UPON PROCEDURES

June 27, 2007

Department of Health and Human Services
State of South Carolina
Columbia, South Carolina

We have performed the procedures enumerated below, which were agreed to by the South Carolina Department of Health and Human Services, solely to compute the rate change and related adjusted reimbursement rate to be used by the Department in determining the reimbursement settlement with White Oak Estates, for the contract period beginning October 1, 2004, and for the twelve month cost report period ended September 30, 2003, as set forth in the accompanying schedules. The management of White Oak Estates is responsible for the Financial and Statistical Report for Nursing Homes and supporting accounting and statistical records. This agreed-upon procedures engagement was performed in accordance with attestation standards established by the American Institute of Certified Public Accountants. The sufficiency of the procedures is solely the responsibility of the South Carolina Department of Health and Human Services. Consequently, we make no representation regarding the sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose.


The procedures and the associated findings are as follows:

1. We selected costs or areas based on our analytical procedures applied to the reimbursable Medicaid program costs as shown on the Financial and Statistical Report for Nursing Homes, as filed by White Oak Estates, to determine if these costs were allowable as defined by the State Plan for Medicaid reimbursement purposes and supported by accounting and statistical records maintained by the Provider. Our findings as a result of these procedures are presented in the Summary of Costs and Total Patient Days, Adjustment Report, and Cost of Capital Reimbursement Analysis sections of this report.
2. We recomputed the Computation of Reimbursement Rate using the adjusted costs and calculated the rate change in accordance with the provisions of the contract between the South Carolina Department of Health and Human Services and White Oak Estates dated as of October 1, 2001, as amended. Our findings as a result of these procedures are presented in the Computation of Rate Change and Computation of Adjusted Reimbursement Rate sections of this report.

Department of Health and Human Services
State of South Carolina
June 27, 2007

We were not engaged to and did not conduct an examination, the objective of which would be the expression of an opinion on the financial statements or a part thereof. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

This report is intended solely for the information and use of the South Carolina Department of Health and Human Services and is not intended to be and should not be used by anyone other than the specified party.

A handwritten signature in black ink, appearing to read "Richard H. Gilbert, Jr.", with a stylized flourish at the end.

Richard H. Gilbert, Jr., CPA
Deputy State Auditor

WHITE OAK ESTATES
Computation of Rate Change
For the Contract Period
Beginning October 1, 2004
AC# 3-WOE-J3

10/01/04-
09/30/05

Interim Reimbursement Rate (1)	\$141.50
Adjusted Reimbursement Rate	<u>136.88</u>
Decrease in Reimbursement Rate	\$ <u><u>4.62</u></u>

(1) Interim reimbursement rate from the South Carolina Medicaid Management Information System (MMIS) Provider Rate Listing as of March 1, 2006

WHITE OAK ESTATES
Computation of Adjusted Reimbursement Rate
For the Contract Period October 1, 2004 Through September 30, 2005
AC# 3-WOE-J3

	<u>Incentives</u>	<u>Allowable Cost</u>	<u>Cost Standard</u>	<u>Computed Rate</u>
<u>Costs Subject to Standards:</u>				
General Services		\$ 76.49	\$ 80.18	
Dietary		13.65	12.42	
Laundry/Housekeeping/Maintenance		<u>10.24</u>	<u>11.28</u>	
Subtotal	<u>\$3.50</u>	100.38	103.88	\$100.38
Administration & Medical Records	<u>\$1.55</u>	<u>13.10</u>	<u>14.65</u>	<u>13.10</u>
Subtotal		113.48	<u>\$118.53</u>	113.48
<u>Costs Not Subject to Standards:</u>				
Utilities		2.65		2.65
Special Services		-		-
Medical Supplies & Oxygen		3.04		3.04
Taxes and Insurance		3.94		3.94
Legal Fees		<u>.01</u>		<u>.01</u>
TOTAL		<u>\$123.12</u>		123.12
Inflation Factor (4.70%)				5.79
Cost of Capital				6.22
Cost of Capital Limitation				-
Profit Incentive (Maximum 3.5% of Allowable Cost)				1.55
Cost Incentive				3.50
Effect of \$1.75 Cap on Cost/Profit Incentives				<u>(3.30)</u>
ADJUSTED REIMBURSEMENT RATE				<u>\$136.88</u>

WHITE OAK ESTATES
Summary of Costs and Total Patient Days
For the Cost Report Period Ended September 30, 2003
AC# 3-WOE-J3

<u>Expenses</u>	Totals (From Schedule SC 13) as <u>Adjusted by DH&HS</u>	Adjustments		Adjusted <u>Totals</u>
		<u>Debit</u>	<u>Credit</u>	
General Services	\$2,403,456	\$ -	\$ -	\$2,403,456
Dietary	446,522	254,999 (2)	272,705 (3)	428,816
Laundry	96,139	-	3,541 (2)	92,598
Housekeeping	141,733	-	10,273 (2)	131,460
Maintenance	105,064	-	7,476 (3)	97,588
Administration & Medical Records	442,053	-	30,355 (3)	411,698
Utilities	89,402	-	6,012 (3)	83,390
Special Services	-	-	-	-
Medical Supplies & Oxygen	95,647	-	-	95,647
Taxes and Insurance	173,896	-	43,180 (1) 7,065 (3)	123,651
Legal Fees	351	-	28 (3)	323
Cost of Capital	209,436	2,005 (4)	3,538 (3) 12,308 (5)	195,595
Subtotal	4,203,699	257,004	396,481	4,064,222
Ancillary	106,634	-	-	106,634

WHITE OAK ESTATES
Summary of Costs and Total Patient Days
For the Cost Report Period Ended September 30, 2003
AC# 3-WOE-J3

<u>Expenses</u>	Totals (From Schedule SC 13) as <u>Adjusted by DH&HS</u>	Adjustments <u>Debit</u>	<u>Credit</u>	Adjusted <u>Totals</u>
Nonallowable	641,732	43,180 (1) 340,993 (3) 12,308 (5)	254,999 (2) 2,005 (4)	781,209
	_____	_____	_____	_____
Total Operating Expenses	<u>\$4,952,065</u>	<u>\$653,485</u>	<u>\$653,485</u>	<u>\$4,952,065</u>
Total Patient Days	<u>31,423</u>	<u>-</u>	<u>-</u>	<u>31,423</u>
Total Beds	<u>88</u>			

WHITE OAK ESTATES
Adjustment Report
Cost Report Period Ended September 30, 2003
AC# 3-WOE-J3

<u>ADJUSTMENT NUMBER</u>	<u>ACCOUNT TITLE</u>	<u>DEBIT</u>	<u>CREDIT</u>
1	Nonallowable Taxes and Insurance	\$ 43,180	\$ 43,180
	To adjust property taxes expense HIM-15-1, Section 2304		
2	Dietary Nonallowable	254,999	254,999
	To reverse dietary income offset HIM-15-1, Section 2304 State Plan, Attachment 4.19D		
3	Nonallowable	340,993	
	Cost of Capital		3,538
	Taxes and Insurance		7,065
	Maintenance		7,476
	Utilities		6,012
	Housekeeping		10,273
	Administration		30,355
	Legal		28
	Laundry		3,541
	Dietary		272,705
	To adjust DH&HS adjustment to remove cost applicable to a non-reimbursable cost center HIM-15-1, Section 2304		
4	Cost of Capital Nonallowable	2,005	2,005
	To adjust depreciation expense State Plan, Attachment 4.19D		

WHITE OAK ESTATES
Adjustment Report
Cost Report Period Ended September 30, 2003
AC# 3-WOE-J3

<u>ADJUSTMENT NUMBER</u>	<u>ACCOUNT TITLE</u>	<u>DEBIT</u>	<u>CREDIT</u>
5	Nonallowable Cost of Capital	12,308	12,308
	To adjust capital return State Plan, Attachment 4.19D		
		<hr/>	<hr/>
	TOTAL ADJUSTMENTS	\$ <u>653,485</u>	\$ <u>653,485</u>

Due to the nature of compliance reporting, adjustment descriptions and references contained in the preceding Adjustment Report are provided for general guidance only and are not intended to be all-inclusive.

WHITE OAK ESTATES
Cost of Capital Reimbursement Analysis
For the Cost Report Period Ended September 30, 2003
AC# 3-WOE-J3

Original Asset Cost (Per Bed)	\$ 15,618
Inflation Adjustment	<u>2.63785</u>
Deemed Asset Value (Per Bed)	41,198
Number of Beds	<u>88</u>
Deemed Asset Value	3,625,424
Improvements Since 1981	359,191
Accumulated Depreciation at 9/30/03	<u>(1,343,195)</u>
Deemed Depreciated Value	2,641,420
Market Rate of Return	<u>.0531</u>
Total Annual Return	140,259
Return Applicable to Non-Reimbursable Cost Centers	(8,341)
Allocation of Interest to Non-Reimbursable Cost Centers	<u>-</u>
Allowable Annual Return	131,918
Depreciation Expense	68,539
Amortization Expense	-
Capital Related Income Offsets	(1,247)
Allocation of Capital Expenses to Non-Reimbursable Cost Centers	<u>(3,615)</u>
Allowable Cost of Capital Expense	195,595
Total Patient Days	<u>31,423</u>
Cost of Capital Per Diem	\$ <u><u>6.22</u></u>

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